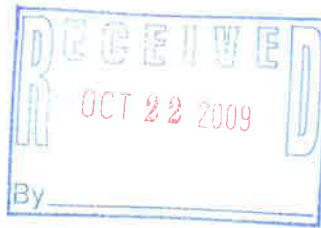




HICKS & MANN, INC.
*Consulting Engineers
Land Surveyors
Planners*

116 HUMES RIDGE ROAD
POST OFFICE BOX 9
WILLIAMSTOWN, KY 41097-0009
(859) 824-5231
FAX (859) 824-9881

Erich Cleaver
Division of Water
Surface Water Permits Branch
200 Fair Oaks Lane, Fourth Floor
Frankfort, Kentucky 40601



October 19, 2009

RE: Cedar Crest Subdivision WWTP
Grant County, Kentucky
Project No. 09-023
AI ID: 55607

Dear Mr. Cleaver;

Enclosed please find revised Page 1, KPDES Form 1, Permit Application, and the revised KPDES Form SC, Permit Application. The correct information has been provided in Section II.B. on the KPDES Form 1, and Section IV and X on the KPDES Form SC.

Regarding Section XII on the KPDES Form SC, the plant is proposed, and a sample can not be provided at this time. Additionally, there are no other plants of this size and type in the area, which service only residential.

Ms. Tina Bailey contacted me last week regarding the Permit Application Fee for the project, and there will be a \$1,000.00 fee required. I have contacted the Homeowners Association, but it may take sometime to get the required check. Therefore at this time, I am requesting a 30 day time extension.

If you have any questions or need additional information, please contact this office.

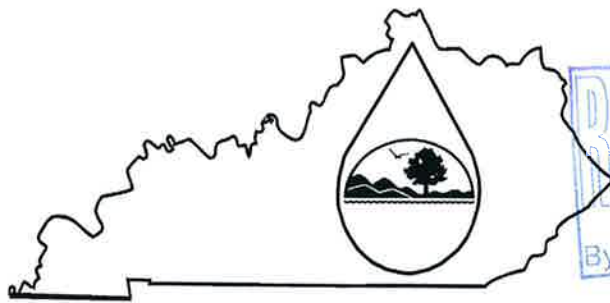
Respectfully Submitted


Logan D. Murphy, PE, LS
Ky. P.E. #15898, L.S. #3316

cc; John Loveless w/attachments
City of Dry Ridge w/attachments
Jeff Ship w/attachments
Enclosures: (5)
LDM/lm

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

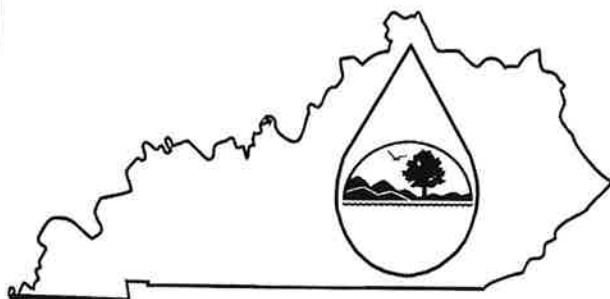
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of Business, Municipality, Company, Etc. Requesting Permit Cedar Crest Homeowners Association									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Cedar Crest Subdivision WWTP					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> John Loveless, HOA President				
Facility Location Address (i.e. street, road, etc., not P.O. Box): Ambassador Drive					Mailing Address: 185 Ambassador Drive				
Facility Location City, State, Zip Code: Dry Ridge, Kentucky 41035					Mailing City, State, Zip Code: Dry Ridge, Kentucky 41035				
D. Owner's name (if not the same as in part A and C): Cedar Crest Homeowners Association					Facility Contact Telephone Number: (859) 824-9286				
Owner's Mailing Address: 185 Ambassador Drive, Dry Ridge, Kentucky 41035					Owner's Telephone Number (if different): Same				
II. FACILITY DESCRIPTION									
A. Provide a brief description of activities, products, etc: Wastewater Treatment Plant for a 24 Lot Residential Subdivision.									
B. Standard Industrial Classification (SIC) Code and Description									
Principal SIC Code & Description:		4952 - Sewerage System; 9,600 gpd Extended Aeration Wastewater Treatment Plan							
Other SIC Codes:		1623; Sewer Line Construction							
III. FACILITY LOCATION									
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)									
B. County where facility is located: Grant					City where facility is located (if applicable): N/A				
C. Body of water receiving discharge: un-named tributary to Jacks Lick									
D. Facility Site Latitude (degrees, minutes, seconds): 38°40'47" N					Facility Site Longitude (degrees, minutes, seconds): 84°40'00" W				
E. Method used to obtain latitude & longitude (see instructions):					USGS Quadrangle				
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):					N/A				

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Cedar Crest Subdivision WWTP							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 24 Single Family Homes @ 400 gpd per Home = 9,600 gpd.							
B. If new discharger, indicate anticipated discharge date:				1/01/10			
C. Indicate the design capacity of the treatment system:				0.0096 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	38°	40'	47"	84°	40'	00"	Tributary to Jacks Lick
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Quadrangle			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	24 Single Family Homes	400 gpd/Home 9,600 gpd Total	Bar Screen, Comminutor, Extended Aeration, Chlorination, Dechlorination & Post Aeration.	1-T, 1-L, 2-E, 2-F, 3-A, 3-L

V. Check the type(s) of wastewater discharged.☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste☐ Noncontact cooling water ☐ Other (list):**VI. Does all water used at facility (except for human consumption) flow to a treatment plant? X Yes ☐ No****VII. Discharge to other than surface waters. Check appropriate location:**☐ Publicly-owned lake or impoundment Name of lake:☐ Publicly-owned treatment works (POTW). Name of POTW:☐ Land application of Effluent☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
18 Existing Homes & 6 Vacant Lots Ambassador Drive, Dry Ridge, Kentucky 41097	55 People
TOTAL POPULATION SERVED	55

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

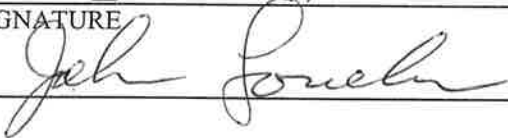
A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. X Ms. <input type="checkbox"/> John Loveless, HOA President	859-824-9286
SIGNATURE 	DATE 9-15-09